

Islam and Psychology: Research Approaches and Theoretical and Practical Implications

Religion and spirituality have increasingly gained attention as resilience factors in mental health, and as common factors in psychotherapy.¹ To this end, Muslim academics and clinicians across the globe have also begun to develop Islamically-integrated therapeutic interventions and services.² Nevertheless, this area attracts controversies among Muslim experts from different disciplines such as psychology, psychotherapy, psychiatry, and Islamic theology. For instance, there is still no consensus concerning the definition and kinds of theoretical and practical permutations between the canon of Islamic disciplines and modern psychology.

To address this fundamental question at the level of a conference for the first time in continental Europe, the Islamic Association of Social and Educational Professions (IASE) brought together a group of approximately 65 Muslim students, counselors, therapists, psychiatrists, and Islamic theologians from across Germany, Austria, and Switzerland in Frankfurt am Main on April 6, 2019.

The event aimed at examining the fundamental relationships between Islam and psychology in consideration of the current state of theoretical approaches, Islamic fundamentals and possibilities, as well as challenges of integrating Islamic elements into therapeutic practice. Malika Laabdallaoui (psychological psychotherapist, Rüsselsheim, Germany) officially opened the symposium as organizer and moderator, and handed over to Aaron Abdurrahim Schabel (psychologist, IASE's

chair, Fulda, Germany) for his keynote address. Mr. Schabel highlighted the importance of therapists' self-awareness and identity development, which integrates Islam and psychotherapy as a starting point in counseling and therapeutic process.

The first part of the symposium consisted of three talks discussing basic theoretical concepts, in preparation for the second, more practice-oriented part in the afternoon.

In his presentation on "How to talk about Islam and Psychology?", Paul Kaplick (M.Sc. Cognitive Neuroscience; head of the work group "Islam and Psychology" at IASE, Amsterdam, The Netherlands) gave a concise introduction to the development and current state of theoretical approaches to Islam and psychology. Starting with a historical survey of the movement of Islam and psychology, he called the current phase of the development process "interdisciplinary construction of Islamic Psychology" and reminded the audience of the importance of cooperation between mental health professionals and Islamic theologians. Introducing the three approaches to Islamic Psychology (IP), named *transcultural adaptation*³, *bottom-up construction*⁴ and *top-down construction*⁵, he considered the top-down construction to be most suitable for Germany, for which the following working definition of IP was deduced: *The confession-oriented embedding of indigenous psychological, psychotherapeutic, and psychiatric concepts, theories, and methods from the traditional Islamic disciplines and other disciplines such as philosophy and medicine, which were discussed by Muslim scholars, in a contemporary academic psychological reference frame.* He defined, inter alia, the following objectives for the next 10-15 years: (a) clear definition of the terms "Islamic", "psychological", and "theological", (b) determination of multi-, inter- and transdisciplinary methodologies for the integration of disciplinary insights from psychology and Islamic theology, (c) differentiation between Islamic and cultural psychological basics, and (d) the development of Islamically integrative psychotherapeutic interventions with subsequent evaluation studies.

Subsequently, Dr. Martin Kellner (Islamic theologian, Osnabrück, Germany) spoke about the "Entities of Mental Life in Islam". In light of Qur'anic sources, he described the conception of human beings as a

tension between the mysterious and that which is not to be doubted; as unclear, weak, and honorable. Further, he elaborated Qur'anic key terms such as *qalb*, *nafs*, *'aql* and *rūh*, and integrated them as central elements of the self. Psychosocial factors, emotions, and magic were considered to be further influencing factors on the mental life of human beings. Finally, he discussed the concept of human beings as “a structured, self-regulated, and evolving phenomenon”⁶ and indicated that Qur'anic exegesis might be an important resource in order to recognize certain Qur'anic concepts of mental life more diversely.

In his talk on the “Integration of Islamic Elements into Psychotherapy”, Dr. Ibrahim Rüschoff (medical psychotherapist; IASE's founder, Rüsselsheim, Germany) presented a top-down approach which is suitable to integrate Islamic elements into psychotherapy, whilst considering the scientific standards proposed by psychologists of religion in Germany. He made the audience aware of the demand for, and risks and challenges of, integrating Islamic elements into scientifically-validated therapeutic methods, and concluded with examples from his practice. In particular, he argued that Muslim mental health professionals in Germany are under the obligation to adhere to German guidelines for psychotherapy⁷ as well as general professional standards.⁸ While therapeutically-grounded and patient-centered integration of Islamic elements is considered to be effective, he regarded theological discourses in therapy as inappropriate. Moreover, he pointed to the fact that there is no “one and only” Islamic therapeutic approach, and that Western psychotherapeutic approaches are not per se un-Islamic.

Malika Laabdallaoui and Julia Ruff (psychologist, B.Sc. and graduate student in clinical psychology, Trier, Germany) offered a shared presentation on the history and perspectives of IASE. Followed by active exchange on impulses and ideas for an Islamic psychosocial work in the future (e.g. research groups, databases of basic literature, etc.), the next (practice-oriented) session of the conference commenced.

The workshop on “Muslims in Psychotherapy, Psychiatry and Counseling: a Culturally Sensitive Approach” – led by Prof. Dr. Ahmed A. Karim (neuropsychologist, psychotherapist, Tübingen, Germany) – started with an examination of challenges that mental health

professionals have been facing in work with Muslim patients: e.g., distrust of psychotropic drugs, stigma, shame, and attribution of psychiatric diseases to jinns and magic. For handling such challenges, he proposed a culturally-sensitive therapeutic approach, such as the program “Clinical Islamic Spiritual Care” he developed in cooperation with the Institute for Integration and Interreligious Dialogue e.V. Mannheim. Such culturally-sensitive therapy requires knowledge of Islamic theology, etiology of (neuro-)psychiatric disorders, and indigenous psychotherapeutic (e.g., therapeutic communication skills) as well as neurophysiologic techniques. In particular, besides therapeutic interventions, Qur’anic verses on psyche and interactions with jinns as well as neuro- and psycho-physiological indicators including EEG, EMG, ECG, and EDA may increase illness insight and compliance, especially among Muslim patients.

In his workshop “Diseases in the Context of the Body-Mind-Problem in Islamic Theology,” Navid Chizari (doctoral candidate in Islamic theology, Istanbul, Turkey) introduced the attendees to basic concepts and methods of Islamic theology such as the ontology of existence, the principle of causality, and sources of knowledge (judgement via intellect, empiricism, and revelation). Under his instruction, attendees first investigated articles of four Islamic scholars⁹ and one Muslim psychologist¹⁰ about Islam, knowledge, and nature of human beings. They found out that no distinction was made between Islamic and Non-Islamic knowledge. By applications of methods of Islamic theology, Chizari rather differentiated phenomena to be examined with respect to their kind of existence, which is—besides the existence of God—divided into substances (*jawāhir*) and accidents (*a’rād*) and their interactions with one another. Thereby, psychological diseases are classified as states of substances (i.e., accidents). Further subdivision into secular/rational and religious sciences yields clear limitations for clinicians and theologians due to dealing with diseases: while theologians approach diseases from the perspective of God’s Revelation (e.g. Why did God create diseases? How do they affect worship? Which supplications could be supportive?), the science-based treatment of a disease remains a task of the clinician. Finally, he derived three recommendations for the future work of mental health professionals and Islamic theologians: (a) *fard ‘ayn*: patients and

therapists should be aware of their responsibilities towards God, (b) clinicians and theologians should know their specific tasks and limits, and (c) expertise does not need religion.

In the last decade, we have witnessed a movement towards integrative approaches to psychotherapy. In the workshop “Islam and Psychology within the Context of an Integrative Psychotherapy,” led by Julia Ruff, attendees examined psychotherapy from a meta-perspective and discussed different ways of how integrative approaches were conceptualized in the past, for example through theoretical integration or technical eclecticism. Further, different levels of abstraction—therapeutic techniques, strategies, theories, and meta-perspectives—were discussed. Finally, attendees discussed different concepts of Islamically-integrative approaches to psychology and psychotherapy, and whether they may find a place in a scientific discourse. The process wasn’t about imparting the Islamically integrative approaches, but mainly about understanding what makes psychotherapy work. It is important to look at psychotherapy from different levels of abstraction when discussing and developing Islamically-integrative approaches and to take the implications into consideration.

The final session took the form of a panel discussion, which was moderated by Dr. Daniel Germer (child psychiatrist). Dr. Ibrahim Rüschoff, Julia Ruff, Prof. Dr. Tarek Badawia (Prof. of Islamic Religious Education, Erlangen, Germany), Mubarak Kounta (Imam, Rüsselsheim, Germany), Amin Loucif (Psychologist M.Sc., Therapist, Düsseldorf, Germany), Prof. Dr. Ahmed A. Karim, and Dr. Martin Kellner discussed the question of which theological contributions are necessary for an Islamically-integrative psychotherapy as well as which challenges and limitations scientists and theologians may encounter. Addressing the challenge that Muslim patients often hesitate to see a clinician, and instead seek Imams as first point of contact, participants discussed the need for a trustworthy relationship between Imams and clinicians as well as education and training programs for Imams. Chizari pointed to the risk that such trainings might also bring with it the danger of exceeding the level of expertise of the respective teacher. Carrying on with the impact of religious leaders, the education principles of Imams

were critically questioned: Prof. Dr. Karim and Prof. Dr. Badawia pointed to the religions' impact on behavioral change and advocated reward- and coping-oriented religious education to promote a healthy mental development. The discussion developed towards etymology and interpretation of Qur'anic language and resulted in a tension between two views: an assumption of historically relativistic and dynamic development process of interpretation of Qur'anic language, which could be deepened by psychological input, versus the preference of maintaining inherent meanings of the respective words in the Qur'an. The discussion about etymology is of high importance, as an exchange and work within the scope of the intersection between Islam and psychology require clear and uniform usage of key terms and concepts. Coming back to the original question, Julia Ruff advocated a theoretically-grounded integration of Islamic principles into psychotherapy on different meta-levels, which could be enriched by the support of theologians.

All in all, the panel discussion and the conference as a whole were characterized by mutual interest between clinicians and experts of Islamic theology. It ended with the insight that both mental healthcare professionals and religious practitioners need each other.

SIBEL NAYMAN
ISLAM AND PSYCHOLOGY RESEARCH GROUP
ISLAMIC ASSOCIATION OF SOCIAL AND EDUCATIONAL PROFESSIONS
MAINZ, GERMANY

Endnotes

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